

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/05/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TIPTON PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>460 FORKS OF THE WABASH WAY HUNTINGTON, IN 46750</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00198466.</p> <p>This Survey was done in conjunction with a PSR to the investigation of Complaint #IN00195281.</p> <p>Complaint IN00198466-Unsubstantiated due to lack of evidence.</p> <p>Survey date: April 5, 2016</p> <p>Facility number: 003376 Provider number: 003376 AIM number: N/A</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Sample: 4</p> <p>Tipton Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00198466.</p> <p>QR completed on May 5, 2016 by 11474.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE